BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE MINUTES

DATE: August 7, 2014

TIME: 0900-1250

LOCATION: Hilton Orange County/Costa Mesa
3050 Bristol Street
Costa Mesa, CA 92626

PRESENT: Michael Jackson, MSN, RN, Chairperson
Beverly Hayden-Pugh, MA, RN

STAFF PRESENT: Louise Bailey, Executive Officer; Stacy Berumen, AEO; Miyo Minato, SNEC;
Katie Daugherty, NEC; Shelley Ward, NEC; Kay Weinkam, NEC; Laura Shainian, NEC; Janette
Wackerly, SNEC; Lori Chouinard, NEC; Carol Velas, NEC; Susan Engle, NEC; Carol Mackay, NEC;
Badrieh Caraway, NEC.

7.0 CALL TO ORDER
Michael Jackson called the meeting to order at 0910 AM and Committee members introduced themselves. The Education/Licensing Committee met as a Sub-Committee due to lack of quorum.

7.1 VOTE ON WHETHER TO APPROVE MINUTES
ELC members present had no corrections to the draft minutes of the May 7, 2014 meeting. Approval is deferred to the next meeting due to lack of quorum.

7.2 VOTE ON WHETHER TO RATIFY MINOR CURRICULUM REVISION AND ACKNOWLEDGE RECEIPT OF PROGRAM PROGRESS REPORT
7.2.1 California State University, Chico Baccalaureate Degree Nursing Program
7.2.2 Holy Names University LVN to BSN Baccalaureate Nursing Degree Program
7.2.3 Chabot College Associate Degree Nursing Program
7.2.4 College of San Mateo Associate Degree Nursing Program
7.2.5 College of the Canyons Associate Degree Nursing Program
7.2.6 College of the Sequoias Associate Degree Nursing Program
7.2.7 De Anza College Associate Degree Nursing Program
7.2.8 Grossmont College Associate Degree Nursing Program
7.2.9 ITT Technical Institute, Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program
7.2.10 Kaplan College Associate Degree Nursing Program
7.2.11 Los Angeles Harbor College Associate Degree Nursing Program
7.2.12 Los Angeles Valley College Associate Degree Nursing Program
7.2.13 Sacramento City College Associate Degree Nursing Program
7.2.14 Shepherd University Associate Degree Nursing Program
7.2.15 Sierra College Associate Degree Nursing Program
7.2.16 Southwestern College Associate Degree Nursing Program
7.2.17 University of California, Irvine Nurse Practitioner Program
7.2.18 University of San Diego Hahn School of Nursing Nurse Practitioner Program
Acknowledge Receipt of Program Progress Report:
7.2.19 Long Beach City College Associate Degree Nursing Program
7.2.20 Mt. San Jacinto College, MVC Associate Degree Nursing Program
7.2.21 West Coast University – Inland Empire Campus Baccalaureate Degree Nursing Program

ACTION: Ratify Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report as presented.
M/S/C: Michael Jackson/Beverly Hayden-Pugh.
Public input: None.

7.3 VOTE ON WHETHER TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

7.3.1 Holy Names University LVN to BSN Baccalaureate Degree Nursing Program.
Dr. Edith Jenkins-Weinrub, Program Director represented the program.
Katie Daugherty, NEC presented this report. Edith Jenkins-Weinrub, Ed.D, RN has served as the Program Director and Department of Nursing(DON) Chair since June 2014 replacing former Program Director and DON Chair (10/12-6/14), Dr. Miki Goodwin. Dr. Jenkins-Weinrub served as the program’s assistant director from December 2012-June 2014 and fully participated in the recent continuing approval visit. HNU’s LVN to BSN degree program was initially approved in June 2010 and enrolled it first cohort in 2011. The program was designed for the working LVN to complete the BSN by taking evening classes after work. HNU is WASC accredited and the program’s pre-licensure LVN to BSN degree program is CCNE accredited along with its RN to BSN and graduate MSN degree nursing programs. The program was initially approved to admit 24 students three times per year. Current program enrollment at the time of the visit was ~169 students enrolled in the nine semesters program of study. For AY Fall 2012-Summer 2013 retention rate is ~92%.

In January 2014, HNU decided to suspend enrollment in this degree option indefinitely to re-assess DON future instructional goals, priorities and resource allocations for all nursing programs within the DON given the ongoing challenges associated with available resources. The program’s first annual pass rate in 2012-2013 program with just 4 graduates was 66.65% (N=3 first timers tested). At that time the program took immediate action to assess program processes and curriculum and submitted the required action (January 2014 ELC). Subsequently the program made minor curriculum changes to strengthen the curriculum by adding a combination pathophysiology/pharmacology course and accomplishing full implementation of ATI testing materials including the ATI Real Life critical thinking activities, along with intensive tutoring and remediation support for students. In this 2013-2014 (July 1-2013-June 30, 2014) annual reporting period the program anticipates about 40-45 program graduates will take the exam as first time exam candidates by June 30, 2014.

The program’s first continuing approval visit was conducted April 14-16, 2014 by K. Daugherty, NEC. Three areas of non-compliance were identified, CCR 1431 NCLEX Passing Standard below the required 75%; CCR 1424 Program Administration (d) (h)/1425.1 Faculty Resources; and CCR 1424 Program Administration/1426.1. (6) Preceptorship. Four recommendations were made including CCR 1424 (b), (b) (1), and (d) Program Administration Evaluation and Resources; CCR 1426 Curriculum; CCR 1427 (c) Clinical Facilities; and CCR 1428 Student Participation as detailed in the attached Report of Findings and Consultant Approval Reports. The program submitted a written response to the visit findings. Written evidence shows the program has corrected two of the areas of non-compliance CCR 1424 Program Administration/Faculty Resources and the CCR 1424/CCR 1426.1 Program Administration/Preceptorship areas but the evidence showing compliance with CCR 14 and achievement of the required annual NCLEX-RN pass rate for 2013-2014 is pending at this time. Thus far, for the annual 2013-2014 reporting period, HNU has first time NCLEX RN pass rate results for July-Sept 2013 of (N=5 40%), Oct-Dec 2013
The J-M 2014 quarter represents the highest quarter of results to date. The program is relying on the April-June 2014 quarter of pass rate results to provide sufficient evidence of compliance with CCR 1431. Program leadership, faculty, HNU support services continue to work with program students and graduates in an effort to achieve the required annual 75% or better NCLEX passing standard for 2013-2014 and forward.

**ACTION:** Defer Action to Continue Approval of the HNU LVN to BSN Degree Nursing Program. Written progress reports to be submitted to the NEC for reporting at the 2015 March, August and October ELC meetings with program representatives to be in attendance at the October meeting. Continue suspension of program enrollment until the program achieves minimum 75% annual NCLEX-RN pass rate in compliance with CCR 1431 Licensing Examination Pass Rate Standard.

M/S/C: Michael Jackson/Beverly Hayden-Pugh.

Public input: None.

### 7.3.2 Simpson University Baccalaureate Degree Nursing Program.

**Ms. Kristie Stephens, Dean/Program Director represented the program.**

Katie Daugherty, NEC presented this report. Kristie Stephens, MSN, RN was appointed Dean and new Program Director (PD) following the retirement of PD Jan Dinkel in June 2014. Ms. Dinkel had been the PD from program inception thru June 2014. Ms. Louann Bosenko, MSN, RN is the program Assistant Director. Ms. Stephens reports to SU Provost Dr. Gayle Copeland. SU is a WASC accredited private not for profit Christian university located in Redding. Total university enrollment is ~1,100 students. The nine semesters nursing program of study graduated its first class in Spring 2013 and a second class in Spring 2014 resulting in a total of 47 (number corrected from previously submitted report) graduates to date. Program admission occurs once a year each Spring term and is limited to 30-32 students due to limited clinical placement availability in the region and faculty recruitment and retention challenges. Since inception, the program has graduated 20 students in Cohort #1 and 27 in Cohort #2. Current program enrollment is 65 students and aggregated program retention is ~91%. In August 2014 nursing will move into a new state of the art Science and Nursing building that will house both the pre-licensure and SU’s RN to BSN degree programs. In January 2015, SU is scheduled for an initial Collegiate Commission for Nursing Education (CCNE) program accreditation visit.

Katie Daugherty, NEC conducted the program’s first full continuing approval visit from April 8-10, 2014. One area of non-compliance CCR 1431 NCLEX Passing Standard below 75% was identified and five areas of recommendations CCR 1420/1424 Program Administration/Evaluation/Resources; CCR 1425 Faculty Responsibilities; CCR 1425.1 and CRR 1426, Faculty and Curriculum; CCR 1427 Clinical Facilities; and CCR 1428 Student Participation were made as detailed in the Report of Findings and Consultant Approval Reports. The program’s first annual NCLEX pass rate (July 1, 2012-June 30, 2013=N of 17) was below the required 75% as previously reported to the ELC in October 2014. The program took immediate actions to strengthen all program processes impacting the NCLEX pass rates including implementation of an intensive action plan and a BRN approved major curriculum revision. NCLEX Pass Rate Results for the second annual pass rate period (July 1, 2013- June 30, 2014) are 95.45% (n=22 with 21 pass, 1 fail) which exceeds the requirement and brings the program into full compliance with Board regulations.

**ACTION:** Continue Approval of Simpson University Baccalaureate Degree Nursing Program for enrollment/admission of 30-32 students in Spring of each year.

M/S/C: Michael Jackson/Beverly Hayden-Pugh.

Public input: None.
Dr. Connie Telles, Program Director represented the program.
Katie Daugherty, NEC presented this report. Connie Telles, DNP, CNE, RNC-OB has served as the Program Director since 2010 and a program faculty member since 1999. CC is a WASC accredited college located in Hayward, California. The program includes a main campus and one secondary/extended campus in the Livermore/Pleasanton area for the last ten years. The CC extended campus has been funded by Pleasanton/Livermore area ValleyCare Health System (VCHS) through a partnership agreement. Current program enrollment is ~110 students including 10 extended campus students. The main and extended campus program policies and curriculum is an exact replica of one another. Due to recent major VCHS organizational changes, VCHS will continue to provide clinical placements for CC, but will no longer provide funding to support extended campus enrollment for now. Therefore, CC program enrollment will revert to a total of 40 students each Fall semester beginning in Fall 2014. In the last five years, total program retention rates have been variable when non-merit based admission criteria were in use. In 2012, the program instituted the merit based Community College Chancellor’s multi-criteria to achieve on time completion/retention rates of 70-80%. The program was successful in achieving this goal with the first cohort completing the program in Spring 2014. For the last five years annual (July 1-June 30) NCLEX-RN pass rates have ranged from 95-100%.

Additionally, of significant note during the May 2014 visit, the CC President reported the program’s outstanding exemplary learning outcomes has secured a unique/unprecedented financial commitment for the program from the Chabot-Las Positas College District and CC Board of Trustees to provide the program comprehensive full district funding to meet all program resource needs on a continuous basis because of the program’s stellar reputation in the communities it serves. CC is part of a Bay Area Partnership with CSU East Bay and three other community colleges that facilitates seamless RN to BSN degree completion for significant numbers of CC program graduates each year.

A continuing approval visit was conducted by S. Engle and K. Daugherty, NECs May 12-14, 2014. One area of non-compliance, CCR1426 Curriculum/CCR 1429 LVN 30 Unit Option was identified and four major areas of recommendations, CCR 1424 Program Administration; CCR 1425 Faculty Orientation; CCR 1426 Curriculum; and CCR 1428 Student Participation were made as described in the Report of Findings and Consultant Continuing Approval Reports. Following the May 2014 visit, the program submitted a written response and supporting documents evidencing correction of the one area of non-compliance and addressing the recommendations.

Ms. Daugherty reminded the program of the need to receive approval prior to program expansion.

ACTION:  Continue Approval of Chabot College Associate Degree Nursing Program.

M/S/C:  Michael Jackson/Beverly Hayden-Pugh.

Public input:  None.

7.3.4 College of the Canyons Associate Degree Nursing Program.
Ms. Cynthia Dorroh, Program Director represented the program.
Laura Shainian, NEC presented this report. A regularly scheduled continuing approval visit was conducted on May 19-20, 2014 by Nursing Education Consultants Laura Shainian and Shelley Ward. The program was found to be conducted in compliance with BRN rules and regulations. There were no findings of non-compliance and three recommendations were given: CCR 1424(b)(1) Total Program Evaluation; CCR 1424(d) Sufficiency of Resources; and CCR 1428 Student Participation. (Recommendations are detailed in the Report of Findings and the Consultant’s Report). College of the Canyons is located in Santa Clarita, of northern Los Angeles County. The program is accredited by ACEN through Fall 2016. Fifty to sixty students are enrolled each Fall and Spring semesters, including 20 LVN students who are admitted once a year. The program receives grant funding which supports a portion of these students. An interim visit was conducted in Fall 2010. Since that time, program events
include a major curriculum revision in Fall 2011. The curriculum changed from systems-based to concept-based, QSEN competencies were incorporated, and simulation was integrated into courses. Then in 2012, Kaplan Learning Resources was instituted to increase student success and NCLEX pass rates. While total program evaluation is conducted in accordance with a well-developed written plan, there is a lack of supporting evidence regarding overall evaluation of the effectiveness of the new program curriculum and Kaplan Learning Resources. Therefore, faculty plan to include strengthened measures that will further assess the effectiveness of both in the program systematic evaluation plan.

Resources available to faculty and students include skills lab/simulation areas equipped with a total of 14 mid- and high-fidelity mannequins, 7 nursing cart computers for charting, Pyxis for medication administration, and electronic medical records documentation. Since this equipment requires ongoing maintenance, there is a strong need for technical support staff to trouble-shoot the simulation and computerized equipment. College administration voiced their understanding of the situation, and their support to pursue assistance in this area. Other resources available to students include elective nursing success courses for each of the core nursing courses that were developed to augment critical thinking and test-taking skills. There is also a grant-funded nursing counselor - the program is looking to possibly institutionalize the position should grant funding no longer be available.

Students report overall satisfaction with the program, however, most are unaware of the opportunity to participate with the faculty at regularly scheduled faculty meetings in order to have a recognized voice for decision-making related to students. Therefore, faculty plan to clarify this process for students and take steps that will ensure their active participation.

The pursuit of ongoing higher educational pathways has been made available for COC nursing students. A concurrent enrollment option with California State University Northridge (CSUN) was implemented in 2010. Currently, a large number of students are enrolled in this COC-CSUN collaborative which allows them to complete their BSN within a year of graduation from College of the Canyons. COC Graduates are gaining employment within six months of completion and employers report 100% satisfaction with graduates. The NCLEX scores are: 2009-2010: 88.14%; 2010-2011: 82.93%; 2011-2012: 84.40%; 2012-2013: 88.15%; 2013-2014: 81.93% (year-to-date).

There is strong community support and collaboration. The local hospital - Henry Mayo Newhall Memorial Hospital - funds one fulltime faculty member, and a recent collaborative resulted in two cohorts of staff LVNs who completed the COC LVN-to-RN program. Lastly, in an effort to assist newly licensed RN graduates in the workforce, COC faculty designed a “Transition To Professional Practice” course. The course provides new grads an opportunity to work with preceptors in the acute care setting in order to expand upon knowledge and skills, and increase their marketability. The first class of 18 students began Summer 2014. In conclusion, the program receives strong support from college administrators and graduates are well-received in the community.

**ACTION:** Continue Approval of College of the Canyons Associate Degree Nursing Program.

**M/S/C:** Michael Jackson/Beverly Hayden-Pugh.

**Public input:** None.

### 7.3.5 ITT Technical Institute, Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program.

**Ms. Carla Carter, Program Director, Dr. Mott, Assistant Director, and Mr. Jeff Ortega, Campus Director, represented the program.**

Katie Daugherty, NEC presented this report. Carla Carter, MSN, M.Ed., RN was approved as the Program Director (PD) 11/15/13 and the fifth PD since program inception (March 2012). PD Ms. Carter has 100% (40 hrs/wk) administrative time. Associate Director (AD), Dr. Mott (appointed since 10/13), is the fourth AD and has at least 20% (8 hrs/of 40 hrs/wk) assigned administrative time each quarter.
Since February 2014, the program has been on a “Defer Action for Continuing Program Approval” program status per the February 11, 2014 Board Action letter with the requirement the program provide evidence of full compliance with the regulations especially with regard to resources (clinical facilities and faculty) to deliver the program to existing and future students for presentation at the August 2014 ELC and September 2014 Board meetings.

The program is a nine quarters program of study. Program enrollment has been indefinitely suspended since September 2013 as specified in the September 2013 Board action letter due to the seven areas of non-compliance and six recommendations identified during the July 2013 continuing approval visit as attached. As initially approved, the program admitted up to a maximum of 30 students twice year (March and September terms). To date the program has admitted three cohorts of students (March 2013, September 2012 and March 2013). ITTRC is accredited by the Accrediting Council for Independent Schools and Colleges (ACICS). Cohort #1 (19) students completed the program in June 2014 with graduates expected to take the NCLEX-RN exam as first time testers in the July 1-Sept. 30, 2014 quarter. The first set of program NCLEX-RN pass rate results are expected to be available in late October-early November 2014. As of mid-June 2014, total program enrollment now totals 51 students for the two remaining Cohorts #2 and 3. Cohort #2 has 21 students as one of the 22 students transferred to another ITT program in different state. Cohort #3 has 29 students; one of the 30 students completed the Spring term and then withdrew due to personal issues.

**In summary program events and Board actions from March 2013-August 2014:**

- A continuing program approval visit was triggered in July 2013 due to the loss of two essential clinical affiliations (Sutter Health and Dignity Health) in the Spring 2013 quarter. This resulted in no acute care clinical placements for implementation of the approved program for Cohort #1 to complete the required Adult Nursing II (AN II) clinical hours in Summer 2013 and no OB and PEDS clinical placements for this cohort of students to progress in the program per the July 2013 continuing approval visit findings and the attached 7/13 summary Report of Findings.

- On September 11, 2013 the Board placed the program on Warning Status with Intent to Withdraw Program Approval. Program enrollment was indefinitely suspended and the program was required to submit evidence of full compliance with all nursing education regulations and statutes by December 1, 2013 for presentation at the January 2014 ELC and February 2014 Board meetings per the attached document.

- In October 2013, a minor curriculum change for Cohort #1 students was authorized so this cohort could progress in the program and finish the program in nine quarters. (Quarter 7 Gerontology course was moved to Quarter 8-Winter 2013 and taken along with the Quarter 8 OB/PEDS coursework; Quarter 8 Nursing Roles II course was moved to Quarter 9 and taken with the final nursing Capstone Advanced Med.Surg/Preceptorship in Spring 2014). Program Cohorts #2 and 3 continued to follow the June 2011 initially approved nine quarters course sequence/curriculum.

- In December 2013, ITTRC submitted the required December 1, 2013 Program Compliance Report (PCR) pgs. 1-13 and essential supporting evidence. At the January 2014 ELC and February 2014 Board meeting the program showed evidence of full compliance with the regulations for Cohorts #1, 2, and 3 with the acquisition of the November 1, 2013 signed “limited terms” written clinical agreement/facility contract with Sutter Health. The signed Sutter Health clinical agreement provided essential clinical placements at Sutter General (SGH) and Sutter Memorial (SMF) for the program’s existing, 71 students OB, PEDS and Advanced M/S Preceptorship clinical placements. The “limited terms” Sutter Health contract along with the other submitted evidence meant although the program achieved compliance for the existing 71 program students in these first three program cohorts; ITTRC had not achieved necessary compliance to support program
implementation/delivery for future students, particularly related to faculty and clinical placement resources.

- Effective February 11, 2014 as a result of achieving compliance with the BRN regulations for Cohorts #1, 2, and 3 (this included a 1/2014 NEC approved minor curriculum change for the NU 2999 Capstone Preceptorship) the program’s approval status was changed from Warning Status with Intent to Withdraw Approval to a status of “Defer Action for Continuing Approval”. Board action required a written progress report for March 2014 ELC/April 2014 Board and written evidence of full compliance with all regulations including faculty and clinical resources to deliver the program to existing and future students be demonstrated when the program is presented at the August 2014 ELC and the September 2014 Board meetings with program representatives in attendance.

- ITTRC submitted an acceptable written progress report in March 2014 as reported at the March 2014 ELC and April 2014 Board meetings.

**Summary of ITTRC PCR evidence in each area of Non-Compliance**

In July 2014 ITTRC submitted the written Program Compliance Report (PCR) pgs. 1-7 and supporting evidence showing it had maintained full compliance for Cohorts #1, 2 and 3 since February 2014 as required. The July 2014 PCR and compliance evidence for Cohorts #1, 2 and 3 through July 2014 is summarized by each area of seven areas of non-compliance as listed below.

**CCR 1420 (c), (h) PD/AD Insufficient/Ineffective coordination, direction …. per the July 7/13 BRN reports**

- Refer to ITTRC PCR pgs.1-7 and supporting evidence for Summer 2014 per the clinical schedules. The signed “limited terms” clinical agreement with Sutter Memorial and General Hospitals (covering only current Cohort #1, 2, and 3 students thru June 2015), effective November 1, 2013, remains in place without any modification as of July 2014.

- Evidence shows program leadership from November 2014-present demonstrates sufficient effective coordination and direction by the PD in administering the program and providing stability for the program, faculty, students, and affiliating clinical agencies.

- Like the Spring 2014 clinical placement schedules, the Summer 2014 schedules demonstrate availability of adequate clinical sites to implement the course of instruction for remaining Cohorts #2 and 3 in Summer 2014. Fall 2014 schedules are not finalized as of July 2014 but will include Sutter Health placements for OB, PEDS, and Advanced Med.Surg, for the two remaining cohorts through June 2015 and graduation of Cohort # 3 students. Sutter Health SGH and SMF course, student and faculty evaluations are positive without any identified student or faculty concerns/issues.

- Sierra Vista (SV) Psych clinical rotations have been implemented successfully for the second time and included two clinical days/week as recommended by the program faculty. SV will be used in Fall 2014 for Cohort #3. Evaluations are positive without any identified student or faculty concerns.

- Program leadership obtained a new acute care clinical placement at a small (58 beds) acute care hospital, Vibra HealthCare Folsom for Spring 2014 placements. Vibra HealthCare was rated as a favorable placement by students and faculty; agency staff reported positive satisfaction with both students and faculty without any program issues identified.

- Asbury LTC/SNF and Sac Post-Acute Rehab use also reflects favorable evaluations related program assignments, students and faculty.

**CCR 1424(h) and 1426 (a) Lack of Timely BRN notification of program and curriculum changes per the 7/13 BRN visit reports and CCR 1423 and 1432.**
- Refer to ITTRC PCR pgs. 1-7 and supporting evidence. Communications, required updates and changes have been appropriate and timely.

**CCR 1424 (e) and (f) Inadequate and Insufficient Program Director (PD)/Assistant Director (AD) time in Administration/Management of Clinical Affiliations per the 7/13 BRN visit reports**

- Refer to ITTRC PCR pgs.1-7 and supporting evidence. Evidence indicates PD and AD have provided appropriate timely administration/management of clinical affiliations since November 2013 to the present. See available clinical sites summary attachment.

**CCR 1424 (b) (1) Total Program Evaluation per the 7/13 BRN visit reports:**

- Refer to ITTRC PCR pgs.1-7 and supplemental documents. Evidence includes raw data course evaluations for Winter 2013 and Spring 2014 completed with a normal range of overall favorable responses in most evaluation areas.
- PD and the program faculty have implemented the updated Systematic Program Evaluation Plan (SPEP). Evaluation data collection, analysis and reporting activities are on schedule per the written schedules.
- ITTRC Program Advisory Board (PAB) meetings are occurring with appropriate documentation in place.
- HESI NCLEX predictive testing processes, analysis/reporting/monitoring and student remediation activities evidenced and timely. HESI Exit policy was revised and new policy adopted 6/11/14 that included use of a formalized remediation worksheet.
- No student complaints or grievances reported.
- Course evaluation response rates are improved and continue to be monitored term to term by the PD. Faculty analyses and action planning now occurring every term through the appropriate program committees; committee documentation evidencing review/action planning.

**CCR 1420(e) and (k), 1424 (d), and (h) Program Administration: Budget and Faculty Resources per the 7/13 BRN visit reports:**

Refer to ITTRC Program Compliance Report (PCR) pgs. 1-7 and supporting evidence.

- PD aware any adjustments to the budget require BRN review and approval prior to adjustment.
- As of July 14, 2014 program faculty consists of a total of 11 full time including the PD and three part time/adjuncts per the 7/14/14 Faculty Approval roster. Ten faculty including PD are MSN prepared and the remaining four faculty are at least BSN prepared assistant instructors. The required faculty content experts are identified and reviews are being done, documented and presented to program faculty for action/follow up. “Back up” OB faculty still needed at the time of this submission; PD reports one potential OB contact for “OB back up”; PEDS back up (MA) in process of completing PEDS remediation activities. M/S, Psych, and Gero “back up” faculty in place.

**CCR 1425.1 (d) Clinically Competent Faculty per the 7/13 BRN visit reports**

- Refer to ITTRC PCR pgs. 1-7 and supporting evidence.
- No clinical faculty competency issues reported by the PD/AD, students or agency staff.
- Appropriate faculty competency validation and re-validation completed by PD Ms. Carter and AD Dr. Mott. Ongoing, timely faculty observational visits completed in the Winter and Spring 2014 quarters per site reviewed evidence by the NEC.
- NEC clinical agency visits in Winter and Spring 2014 quarters (Asbury, SGH, SMF, Sac Post-Acute and Vibra HealthCare), reflect satisfaction with student clinical preparation/performance and faculty supervision/oversight.
CCR 1427 (a) Clinical Facilities: No OB, Peds, and Advanced Medical Surgical Placements secured to replace lost clinical affiliations with Sutter Health and Dignity Health per the 7/13 BRN visit reports

- Refer to ITTRC PCR pgs.1-7 and supporting evidence including Summer 2014 schedules for Cohort #2: OB at SGH and PEDS clinical coursework at SMF. Cohort #3: AN II at SMF, SGH, and Vibra HealthCare per the attached schedule.
- In June 2014, the New Dignity Health Education Director (LF) informed Ms. Carter, Dignity Health is unable to provide ITTRC any clinical affiliation until 2018. PD Ms. Carter was told by Dignity (LF) this Dignity Health decision is due to already existent saturation of Dignity Health facilities.
- Marshall Hospital in Placerville has not responded to multiple program requests for placements to date.
- PD Ms. Carter reports potential signed clinical agreements and placements for Fall 2014 term at Sutter Health Roseville and Sutter Health Modesto are pending (both of these facilities can provide necessary M/S, OB, PEDS and Advanced M/S Preceptorships, if secured). These two pending clinical agreements would be open ended contracts and separate from the existing Sutter Health Sutter General and Sutter Memorial signed agreement that only remains in effect until graduation of Cohort #3 in mid-June 2015.

Tentative Cohort #2 and #3 schedules Fall 2014:

Cohort #2 (in 9th quarter; graduating in December 2014)
- Nursing Capstone/Preceptorship 21 student placements: Sutter Health Care Facilities (SGH and SMF as of this submission).

Cohort #3 (7th quarter)
- Psych/Mental Health course (G1, 2, 3) at Sierra Vista; Gero course (G1, 2, 3) at Asbury and potentially Sacramento Post-Acute Care facilities.

Winter 2014 Cohort #3 (8th quarter); only cohort remaining in the program:
- OB (G1, 2, 3) at Sutter SGH and PEDS course (G1, 2, 3) at Sutter SMF.

Spring 2015 Cohort #3 (9th quarter; graduation in June 2015):
- Advanced M/S Preceptorship course (G1, 2, 3) at Sutter SGH and SMF.

ITTRC Program Compliance Report (PCR) evidence for Recommendations per the 7/13 BRN visit reports: ITTRC July 2014 PCR pgs. 1-7 and supporting evidence.

Summary NEC Comments:
- Accept ITTRC’s July 2014 Program Compliance Report (PCR) pages 1-7 and supporting evidence as providing continuing evidence of compliance with the BRN regulations as it relates to program Cohorts #1, 2, 3.
- Identify the July 2014 PCR evidence does not fully comply with the February 11, 2014 Board action letter requirements. The program was required to provide necessary evidence of full compliance with all BRN regulations, especially resources (clinical facilities and faculty) to deliver the program for existing and for future program students by the August/September 2014 BRN meetings with program representation in attendance at the meetings.
- Recognize, at the time of this July 2014 submission, there are not sufficient OB/PEDS and Advanced Medical Surgical written clinical agreements to deliver the program to future program students. There has been no extension/modification of the existing “limited terms” SGH and SMF signed agreement. Note, Ms. Carter reports at least two potential separate Sutter Health acute care facilities (Roseville and Modesto) written agreements are pending and may be in place by August 2014. Ms. Carter understands signed clinical facilities agreements to support future program
students must be provided as necessary evidence of full program compliance with the regulations at the August/September 2014 meetings.

- Cohort #2 (21) students are slated to graduate in December 2014; Cohort #3(29) students are slated to complete the program in June 2015.
- Recognize, first time testers NCLEX-RN pass rates for the first graduating ITTRC program cohort (potential N=19) will not be available until late October or early November 2014 even though the program’s HESI Exit testing results predict favorable program rates.

Ms. Daugherty acknowledged that the program did secure some additional acute care placements at Vibra but that Dignity Health was unable to provide further clinical placements until 2018; OB and Peds clinical placements are currently inadequate to support future additional student enrollment. The Program Director informed that 8/8 graduates of the most recent completed cohort had passed the NCLEX-RN examination, and that clinical sites for current students are secured through June 2015. Mr. Jackson and Ms. Hayden-Pugh expressed concern for safety of students required to travel long distances to clinical sites. Ms. Carter advised that there are no clinical facilities in the greater Sacramento area with space available for placement of the program’s students.

**ACTION:**

- Maintain Deferred Action for Continuing Approval.
- NEC will continue to monitor the program.
- Maintain full compliance with all BRN regulations for existing program students (existing program cohorts #2, and #3).
- By the September 2014 Board meeting, demonstrate full compliance with all the regulations, especially resources related to adequate type and number of faculty and clinical facilities, to deliver the program to future students.

**M/S/C:** Michael Jackson/Beverly Hayden-Pugh.

**Public input:** None.

### 7.3.6 Kaplan College Associate Degree Nursing Program.

Ms. Kera Neighbors, Program Director, Ms. Karen Anderson, Assistant Director, Dr. David Movsesian, Executive Director, and Mr. Kevin Prehn, Market President.

Leslie A. Moody, NEC presented a report. Kera Neighbors, MSN, RN was appointed program director in December 2013 after having taught with the program for several years and serving as assistant program director since 2011. Karen Anderson, MSN, RN was appointed assistant program director on March 3, 2014. The program has had three changes of program director in the past five years, with one person serving in that role twice during the period.

The program has two tracks, a generic option that is completed in 6 semesters and an LVN Step-up option which is completed in 5 semesters. The LVN 30 unit Option is also offered and two students have completed under this option in the past five years, both of whom achieved RN licensure.

A regularly scheduled continuing approval visit was conducted April 29-30, 2014 by Leslie A. Moody, NEC and Miyo Minato, SNEC. Visit findings included seven areas of noncompliance: Section 1424(d) Resources and related Section 1424(h) in regards to adequate number and type of faculty; Section 1426(a) Curriculum regarding unapproved revisions; Section 1426(b) Curriculum regarding curriculum structure; Section 1426(f) Clinical Evaluation Tool; Section 1426.1 Preceptorship; Section 1427(c) Clinical Facilities regarding clinical facilities agreement; Section 1432(b) Changes to an Approved Program regarding enrollment increase. Three recommendations were made: Section 1424(b)(1) Program Evaluation, Section 1428 Student Participation, Section 1431 Licensing Exam Pass Rate. Findings are detailed in the consultants visit report and report of findings. The program has submitted an acceptable plan of action to correct all areas of noncompliance and recommendation, and anticipates that all
corrective actions except major curriculum revision will be completed by the end of 2014. The major curriculum review and revision is expected to be submitted for BRN approval no later than May 2015. The number of faculty was decreased from 12 full-time and 18 part-time in 2010, to 11 full-time and 14 part-time faculty at the time of visit. Inadequate type and number of faculty resulted in assistant instructor level faculty assigned primary course responsibility without appropriate supervision, primary course instruction responsibilities assigned to the program director in addition to administrative duties, irregular attention to program evaluation, and student reports of inadequate remediation/tutoring support for math and nursing course content. The program plans to increase the total number of full-time faculty to 15 which will include a full-time instructor for psych/mental health content, and part-time faculty to 15. This will increase total faculty numbers as well as the ratio of full-time to part-time faculty, and ensure students have sufficient resources for tutoring. The increase in faculty will be accomplished by Fall 2014.

Course content and objectives are not consistent with the program’s curriculum goals and frameworks, do not reflect a systematic progression from simple to complex, and clinical performance evaluation tools are not specific to each course’s required skill/content mastery. The program has retained consultants to assist faculty who have begun a total curriculum evaluation, including comparing existing curriculum to current standards such as NLN Outcomes and Competencies, QSEN Competencies and other contemporary prelicensure nursing education resources. Clinical performance evaluation tools will be revised to be consistent with curriculum content and stated objectives for each course. Significant gaps in specific curriculum content identified through curriculum review activities will be immediately addressed and approval request for minor curriculum revision submitted to the BRN as needed. A completed major curriculum revision proposal with submission for BRN approval is planned to be accomplished no later than May 2015.

Course NURS260 Advanced Med/Surg was previously presented in the program’s final semester in a preceptorship format. The program has been unable to consistently provide students with preceptored clinical experiences that meet course learning objectives and has not delivered the course in compliance with other regulatory requirements for a preceptorship course. A minor curriculum revision request to change clinical experiences for this course to a conventional student group cohort format has been received, approved and implemented.

Clinical facility agreements did not address all required elements. The program has revised their clinical facility agreement template and will secure updated clinical facility agreements with all clinical partners by September 2014.

In 2010 the program was admitting 50 students three times each year. The program recently increased enrollment to 70 students three times each year (total enrollment 354 at time of visit) without seeking BRN approval. The program will return to the previous level of enrollment beginning with the next enrolled cohort and plans to seek BRN approval for increased enrollment in the future.

Inconsistent implementation of the total program evaluation plan has resulted in irregular collection, management and application of data to problem identification and development of solutions. To ensure systematic effective evidence-based program evaluation and change, the plan has been reviewed and updated and faculty have re-formed specific committees for curriculum and program evaluation (previously subsumed in monthly faculty meeting agendas). Monthly committee meetings will be held separately from general faculty meetings to ensure data is regularly collected and analyzed, and the results of these committees’ meetings will then be reported to and discussed in monthly full faculty meetings. To ensure students have meaningful participation in program evaluation a new process has been implemented whereby each program cohort will elect a representative who will attend monthly faculty meetings to present input from the cohort and participate in discussions regarding program curriculum and policies. NCLEX-RN performance has been variable across the past five years with annual outcomes ranging from 75.44% (2012-13) to 90.98% (2011-12), all at or above minimum required threshold. Of the most recent
four quarters (4th quarter 2012-13 thru 3rd quarter 2013-14), three have been below threshold. The program has previously implemented multiple measures to improve outcomes and will continue to assess the curriculum and other program dimensions to identify and correct areas needing improvement. Program strengths include a library staffed with a dedicated librarian who ensures adequate current print, digital, and other types of student and faculty resources are available to support nursing instruction and learning. The skills and simulation labs are well-equipped and configured to provide clinical learning experiences consistent with contemporary standards, and utilizes qualified faculty to direct simulation scenarios. Observation of a simulation experience during the visit revealed a well-planned and conducted learning experience consistent with the specified course objectives and content. Physical plant resources including classrooms and computer rooms have been increased to ensure a positive learning environment with comfortable furnishings and appropriate instructional/learning tools. Most faculty maintain active clinical practice and all faculty demonstrate commitment to program and student success. Faculty are supported by an organization-required annually developed individual Professional Development Plan to ensure each faculty member’s knowledge and skills are kept current. Students express satisfaction with the quality of faculty and program leadership, textbooks, skills/simulation lab facilities, library services, and communication/support tools including Kaplan Quad, and express strong appreciation for the program design which allows for all prerequisites and program courses to be completed without interruption and within two years. College admissions staff are diligent in evaluating prospective students’ prior coursework and experience to determine whether transfer/equivalent credit should be awarded so that students avoid the time and expense of unnecessary repetitive coursework. The program’s recently appointed program director and assistant program director are enthusiastic about improving program delivery. College administrative leaders Dr. David Movsesian, Executive Director, and Mr. Kevin Prehn, Market President, express commitment to providing necessary resources to ensure a compliant program and optimize student success. Ms. Moody informed that the current program director would be leaving in September due to a military spouse transfer out of the area, the college has initiated a search for candidates to fill the position, and Ms. Anderson will fulfill the director duties until a new program director is in place. Mr. Jackson inquired regarding the program cost to students and was informed by program representative that the cost is $57,000.

**ACTION:** Defer Action to Continue Approval of Kaplan College Associate Degree Nursing Program. M/S/C: Michael Jackson/Beverly Hayden-Pugh.

**Public input:** None.

### 7.3.7 Mt. San Antonio College Associate Degree Nursing Program.

**Ms. Sarah Plesetz, Assistant Director represented the program.**

Badrieh Caraway, NEC presented this report. Susie Chen, DNP, MN, MA, RN Dept. co-chair, was appointed Director in July, 2007. Sarah Plesetz, MSN, RN Dept. co-chair, was appointed Assistant Director in July, 2012. A regularly scheduled continuing approval visit was conducted on May 5-6, 2014 by Nursing Education Consultants Laura Shainian and Badrieh Caraway. The program was found to be in compliance with BRN rules and regulations. There were no findings of noncompliance and four recommendations were given in CCR SECTIONS 1426(b)-Required Curriculum, 1424 (d) Sufficiency of Resources, 1424(h) Faculty, and 1424(g) Faculty Responsibility (recommendations are detailed in the Report of Findings and the Consultant’s Report). On June 24, 2014, the program submitted their responses to the four areas of recommendations.

Mount San Antonio College (Mt SAC) opened in fall 1946 with 635 students. Mt SAC has emerged as a leader in education not only in the San Gabriel Valley, but in the state. In 2012, Mt SAC celebrated 66 years of educational excellence. It is California’s largest single campus community college with student enrollment of over 65,000. Mt SAC is fully accredited by the Accreditation Commission for Community
and Junior Colleges of the Western Association of Schools and Colleges. The nursing program is accredited by the Accreditation Commission for Education in Nursing (ACEN). Using a criterion based scoring system, 240 (60 each semester) generic students are selected for admission to the program every Spring and Fall. Total program enrollment at the time of the visit was 236 students.

The Nursing Department is housed in the Health Careers Resource Center (HCRC), which is a two story, 31,990 square feet building housing classrooms, labs, and offices. The center is funded by various grants and houses five laboratory settings with 30 patient units that can be used for various needs, including two birthing beds and critical care unit. It is open 33 hours a week from Monday through Friday and on weekends to clinical groups with instructors. The program has integrated simulation experience into the clinical courses. Course syllabi and clinical evaluation tool reflect these changes made. The Nursing Department currently shares classrooms and laboratory space with multiple health career disciplines, with the facilities located in several buildings across campus. Faculty and students raised concerns about the limited space availability during simulation and skills lab activities. Classroom space is limited at the Mount San Antonio College campus for the large class instruction to meet the program’s objectives. Total program evaluation review by faculty is thorough and ongoing. The program’s well-qualified, faculty consistently collaborate in team teaching and to review curriculum, program policies, program delivery and other program issues, which results in planning and implementation of revisions as needed. Faculty support each other with activities such as new faculty orientation, mentorship, and course coordination. The program has 12 full-time (including program director) and ninety one (91) part - time faculty. Full- time faculty reported the ongoing communication and decision making process with the part-time faculty. However, the faculty meeting minutes did not reflect the ongoing communication and decision making process as reported. There are two vacant full time faculty positions, and adjunct faculty are filling vacant positions. The program’s need for full time faculty and limitation of space availability for the classrooms, skills and simulation labs were shared with the college administrators. The college administrators are aware of the nursing program’s needs and are planning to meet the program objectives. The ongoing recruitment effort is in place for hiring qualified full-time faculty. The college administrators committed to continuing the program’s current level of enrollment and services to nursing students, and assure that faculty and services currently supported by grants will be supported by the college budget or other funding resources if grant funds become unavailable.

There has been no major curriculum revision since 1990. Minor curriculum revisions were made in 2013, to strengthen the program by changing sequence of Obstetrics and Pediatrics, and shorten the time gap between Medical/Surgical nursing courses. Faculty are currently working on major curriculum revision for submission to the Board for approval by 2015. The new curriculum will incorporate current trends, such as QSEN competencies, IOM, Evidence Based Practice and National Patient Safety Goals. The future curriculum will address the demand for registered nurses with advanced degrees through an established ADN to BSN collaborative with California State Universities.

The nursing students have access to various support services such as financial aid, advisement career and transfer center, child care, personal counseling and nursing success seminars. The Director and Assistant Director oversee the tutorial and other learning needs of students. Involvement of students in program governance is encouraged and facilitated via multiple group and individual opportunities, including participation in faculty/committee meetings, group or individual meeting with the program director, and completion of course and program evaluations. Students report a high level of satisfaction with all aspects of the program and services, and demonstrate complete understanding of policies including grading/assessment. Graduates’ NCLEX-RN outcomes are above minimum required performance threshold. NCLEX pass rates for ADN program ranged from 95.10% in 2006-2007 to 88.00% in 2012-2013. Relationships are strong between the program and clinical partners, as evidenced by clinical placement opportunities remaining.
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consistently available to the program. The program receives strong support from college administrators, and graduates are well received in the community.

**ACTION:** Continue Approval of Mt. San Antonio College Associate Degree Nursing Program.

**M/S/C:** Michael Jackson/Beverly Hayden-Pugh.

**Public input:** None.

7.3.8 Porterville College Associate Degree Nursing Program.

**Ms. Kim Behrens, Associate Dean Health Careers represented the program.**

Shelley Ward, NEC presented this report. A continuing approval visit was conducted at the Porterville College Associate Degree Nursing Program on March 19 and 20th, 2014, by Shelley Ward, NEC and Laura Shainian, NEC. The program was found to be in non-compliance with CCR Section 1424 (d) – Resources, and CCR Section 1424 (g) – Faculty Responsibility. Three recommendations were given as detailed in the Report of Findings. The program submitted a progress report addressing the areas of non-compliance and the recommendations. The program is now in compliance with Board rules and regulations.

This was the first continuing approval visit conducted since Porterville College enrolled their first A.D.N. program students in the Fall of 2010. The college previously served as an alternate campus location for the Bakersfield College A.D.N. program. The current program director served as faculty for the Bakersfield College program located on the Porterville College campus, and as the first assistant director for the current A.D.N. program. The decision to establish a separate A.D.N. program at Porterville College was an initiative supported by the community, Bakersfield College and Porterville College, to respond to an assessed unmet need for registered nurses in the Central San Joaquin Valley, in particular the Porterville/Tulare/Visalia to Bakersfield communities.

The program is approved to enroll 20 students annually. Students are admitted during the fall semester. Thirty-six (36) students were enrolled, and two student cohorts had completed the program at the time of the approval visit (2012, 2013). The attrition rate for the first enrolled cohort was 18%, and decreased to 5% for the second enrolled cohort. NCLEX-RN examination pass rates for first-time test takers were: 2011-2012 – 100% (8 taken, 8 passed); 2012-2013 – 76.47% (17 taken, 13 passed); 2013-2014 - July to March – 72.73% (11 taken, 8 passed).

Job placements for program graduates was reported as 100% for 2012 graduates, and was at 85% at six months for the 2013 graduates. Data received from program graduates and employers indicated satisfaction with the program.

Student evaluation data and verbal comments during the visit identified the need to increase time availability in the skills/simulation labs. The program has two separate lab areas, one that is used primarily for basic nursing skill development (6 beds), and the other designed for simulation with high-fidelity simulators in a hospital-setting environment. The program has been providing (16) hours of supplemental skills/simulation lab experience time provided by professional experts/adjunct clinical faculty. Students have mandatory nursing skills that must be mastered in each semester of the program that requires practice time in the skills/simulation labs. The program has not been able to secure a full-time skills/simulation coordinator exclusively from college funds due to budget and other administrative issues. One of the clinical partners, Sierra View District Hospital, has committed to provide funding to support the ADN program up to $70,000/year through 2018. The college is increasing supplemental lab time availability to (36) hours in the two weeks before the semester begins, and (24) hours a week beginning in fall 2014, covering days that students are not in clinical. Recruitment for a permanent full-time Instructional Assistant position is planned for completion by August 2015.

The program had (3) full-time and (14) part-time faculty excluding the program director position, at the time of the visit. The program increased from two to three full-time faculty positions since 2010. Turnover of
full-time faculty since the program’s inception was recognized as a concern by the program, and as a factor impacting student success with NCLEX-RN examination outcomes. Two of the (3) full-time faculty started in the summer of 2013, and were being mentored for their role/responsibility as full-time faculty. Three part-time faculty who teach theory courses (pediatrics, mental health/psychiatric, pharmacology), have been teaching in the program for several years. Two of the three also serve as content experts. The Nursing Faculty Council is the faculty organizational structure that is designated as having the responsibility for developing program policies/procedures, curriculum review, and for program evaluation. Participation of the part-time faculty has been variable, in part due to schedule conflicts with routinely scheduled meetings. Alternate methods utilized to increase part-time faculty interaction and feedback in programmatic decisions has not been effective. The program revised the faculty meeting schedule to better accommodate adjunct faculty, and is making adjustments to the full-time faculty assignments to decrease the number of part-time faculty teaching theory content.

The consultants met with the college president and the Vice President, Academic Affairs to review the status of the program, and to explain regulations specific to the operation of an A.D.N. program. The discussion included the recent appointment of the program director to an interim Dean position (8/2013); increasing the administrative areas responsibility of the program director to include the Career and Technical Education Division (9 programs), and the Wellness Center/College Nurse, occurring subsequent to an unexpected retirement. The program director was stated to be continuing to provide for 40% release time to the A.D.N. program within the new organizational structure. Additionally, the discussion focused on resources, NCLEX-RN examination outcome trends, faculty stability, curriculum review initiatives, and stated problems with the admissions and records department functions as impacting A.D.N. program operations. The submitted progress report indicates that the program director has resumed her prior position as Associate Dean Health Careers, and will continue to have responsibility for student health services.

Ms. Ward updated that two new full-time faculty were hired in 2013 and the program is attempting recruitment of a full-time simulation/skills lab coordinator.

ACTION: Continue Approval of Porterville College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Beverly Hayden-Pugh.
Public input: None.

7.3.9 Sacramento City College Associate Degree Nursing Program.
Ms. Dale Cohen, Program Director represented the program.
Katie Daugherty, NEC presented this report. Dale Cohen, MSN, RN has served as the Program Director since 2006. The SCC program includes the main campus and an extended secondary campus site housed at the Sutter Health Center for Health Professions since 2003. The main and extend campus program policies, procedures, and curriculum are an exact replica of each other. The main campus program follows the traditional Fall and Spring academic year/calendar/schedule with program admissions twice a year; the extended campus a year round schedule of classes. The SCC and Sutter Health partnership was initiated to increase the number of registered nurses in the region by 500 over a five to six year period, and since accomplishing that goal the year round SCC extended campus program has varied enrollment from cycle to cycle depending on need and funding support by Sutter Health Care Sierra Region. SCC is a WASC accredited institution.

Total program enrollment at the time of the visit was ~132 students including a cohort of 22 students at the extended campus site through December 2015. Program admission is based on use of the Community College Chancellor’s office multi-criteria with the goal of maintaining attrition rates at 10-15% annually. The program successfully implemented a major curriculum change in the last two years and continues to maintain outstanding clinical learning experiences for students. The program, faculty and students enjoy a stellar and exemplary reputation in community. From 2008 to the present annual NCLEX RN pass rates
have ranged from 92-100%. For the first three quarters of 2013-2014 the pass rate is 98.67%. In the next few years, the program is slated to move into a new state of art Nursing and Allied Health building on the main campus adjacent to the current building. The new building will be equipped with improved technology and equipment including smart classrooms, skills and simulation lab facilities.

A continuing approval visit was made April 23-25, 2014 by K. Daugherty, NEC. One area of non-compliance related to CCR 1420 (h), 1424 (e) Program Administration/Organization and sufficient time for the Program Director, plus three recommendations were made: CCR 1420 and 1424 Program Administration/resources; CCR 1424 Program Administration, 1425/1425.1 Faculty and CCR 1426/1426.1 Curriculum; and CCR 1424 (k) and CCR 1427 Clinical Facilities as attached. The program has submitted a written response to the visit findings evidencing full correction of the one area of non-compliance and addressing the recommendations.

**ACTION:** Continue Approval of Sacramento City College Associate Degree Nursing Program.

**M/S/C:** Michael Jackson/Beverly Hayden-Pugh.

**Public input:** None.

### 7.3.10 San Bernardino Valley College Associate Degree Nursing Program.

Ms. Carol Wells, Program Director and Ms Tamara Maurizi, Assistant Director, represented the program.

Badrieh Caraway, NEC presented this report. Carol Wells, RN, MSN, AOCN, was appointed program director in June, 2013. Tamara Maurizi, RN, MSN, DNP, Dept. Chair, was appointed Assistant Director in December 2010. A regularly scheduled continuing approval visit was conducted on April 14-15, 2014 by Nursing Education Consultant, Badrieh Caraway and Supervising Nursing Education Consultant, Miyo Minato. The program was found to be in compliance with BRN rules and regulations. There were no findings of noncompliance and four recommendations were given in CCR 1424(d) Sufficiency of Resources, 1424(h) Faculty, CCR 1426 Curriculum, and CCR1431 - Licensing Examination Pass Rate Standard (recommendation were detailed in the Report of Findings and the Consultant’s Report). On July 10, 2014, the program submitted their responses to the four areas of recommendations.

San Bernardino Valley College (SBVC) is a comprehensive community college that serves the residents of the inland empire. The college began initially in 1926, and enrolls more than 12,000 students per semester. The college attracts students throughout the state and the world. SBVC is fully accredited by the Accrediting Commission for community and Junior Colleges of the Western Association of schools and colleges. The nursing program is accredited by the Accreditation Commission for Education In Nursing (ACEN). Using a criterion based scoring system, nursing program enrolls (40 students each semester) generic students are selected for admission to the program every Spring and Fall semester. Total program enrollment at the time of the visit was 131 students.

The San Bernardino Valley College Nursing Department is located on the first floor of the Health Sciences building. There are sufficient faculty offices, and faculty have access to the computer and resource center. The Skills lab, Simulation lab, and Computer lab are all housed in the same area. Skills lab has four (4) patient care stations, each with high fidelity human patient simulator (Noelle, Sim Baby, and two Sims Man). Simulation lab has seven (7) patient care stations; Hi Fidelity Patient Simulators are available (SiM Man 3G, Meti Man) and 5 Vita Simulation Manikins for use with Sim Pads. Skills lab is coordinated by a FT faculty who does set up, ordering and organization of supplies and prep as needed. The program uses Skills lab coordinator for mentoring and tutoring students. Both the skills and simulation labs are shared by other programs. Faculty have planned to integrate the simulation in their curriculum; however, there is no assigned staff support for coordination of simulation activities. Faculty and students raised concerns about the limited space availability during simulation, skills lab activities and classroom instruction to meet the program objectives.
The program received numerous grant-funding’s that supported many aspects of the program including the supplies for the skills lab, and faculty for student’s remediation and tutoring. The Health Sciences/Nursing Department maintains a separate budget and has established accounts for faculty, conferences and supplies. Despite allocated budget for hiring full-time faculty, there are four vacant full-time faculty positions, and adjunct faculty are filling vacant positions; content expert for P/MH position is filled by an adjunct faculty. The program’s need for the full time faculty, the simulation lab coordinator, and limitation of space availability for the classrooms, skills and simulation labs were shared with the college administrators. The college administrators are aware of the nursing program’s need and are planning to meet the program objectives, and assure that faculty and services currently supported by grants will be supported by the college budget or other funding resources if grant funds become unavailable.

Total program evaluation by faculty is thorough and ongoing. The program’s faculty work cohesive as a team and consistently collaborate to review curriculum, program policies, program delivery, and other program issues, which results in planning and implementation of revisions as needed. Faculty chose the Neumann Systems Model in 1986 as the Organizing Framework for the curriculum. There has been no major curriculum since that date. Faculty have initiated curriculum revision process in fall, 2013, plan includes incorporating current trends, such as QSEN competencies and simulation throughout curriculum, and submission to the Board for approval in 2015. The other support services include a Health Sciences Counselor, as well as other admission counselors that are available to counsel nursing students and collaborate with faculty in the development of remediation/retention plans for “at risk” students. In addition, one full-time faculty provides mentoring, and is available for the skills lab practice/remediation. The table of NCLEX Pass rates for SBVC shows that the program had NCLEX passes rate scores of 68.57% in the (first quarters 2013-2014). The plan includes implementing Success Strategies to improve student NCLEX testing. The strategies include standardized testing, purchase of NCSBN test results for analysis, and implementation of “Adaptive Quizzing” that allows students to test themselves on the computer with immediate feedback.

Students report a high level of satisfaction with most aspects of the program and services, and demonstrate complete understanding of policies, including grading/assessment. Additionally, the program is working on the seamless educational paths to the BSN. The program receives strong support from college administrators, and graduates are well received in the community.

**ACTION:** Continue Approval of San Bernardino Valley College Associate Degree Nursing Program. 
M/S/C: Michael Jackson/Beverly Hayden-Pugh.

**Public input:** None.

**7.3.11 Shepherd University Associate Degree Nursing Program.**
Ms. Misun Sprina Jeon, Dean-School of Nursing, Ms. Sue Albert, Consultant, and program faculty members represented the program.
Miyo Minato, SNEC presented this report. Misun Sprina Jeon, RN, MSN, is Director of ADN Program since November 2011. On February 26 - 27, 2014, Miyo Minato, SNEC, and Shelley Ward, NEC, conducted a regularly scheduled first continuing approval visit to Shepherd University (SU) ADN Program. Additionally this board-approval visit was done pursuant to CCR 1431(b) for the program’s licensing pass rate for first time candidates below 75% for two consecutive academic years. The program was found in non-compliance in three areas: Sec 1424(h) Insufficient FT faculty; Sec 1426(a) Approved curriculum; Sec 1431 NCLEX pass rate standard. Three recommendations were given: Sec 1424(b)(1) Program evaluation; Sec 1424(d) Sufficient resources; Sec 1425.1(b) Faculty responsibilities for instruction. SU
submitted a progress report on June 29, 2014 addressing the findings and the recommendations and specific actions SU has taken and plans to take.

SU is a non-profit school, founded in 1999 by Dr. Richard Cornel S. Lee in collaboration with faculty of scholars and professionals envisioning to educate Korean immigrants primarily in Theology, Music, Information Technology, Nursing, and English Language programs. SU has been offering the RN to BSN Program since 2007 and NCLEX Review programs for the community. The Board granted initial approval to SU on May 19, 2010, and the program admitted its first group of students in Fall 2010 at their campus in downtown Los Angeles. Since then, the program was reorganized as School of Nursing in January 2012 and relocated to the current location, 3200 N. San Fernando Rd., Los Angeles, approximately 5 miles away from the original campus, in October 2012. The new campus is on a large lot covering over five acres, and the 83,600 sq. ft. building provides ample spaces for students’ learning environment. In December 2013, SU received accreditation from Accrediting Council for Independent Colleges & Schools (ACICS) and a Candidacy Status from WASC in March 2014.

The program’s approved curriculum is a six-semester program: Year 1 (Sem1 and 2) General Studies courses; Year 2 (Sem 3 and 4) Year 1 Nursing; and Year 3 (Sem 5 and 6) Year 2 Nursing. The Board approved an enrollment of 66 students per year (33/semester) with the distribution of 44 generic ADN (starting in Sem 1) and 22 LVNs (starting in Sem 5). The program started the nursing courses with Cohort 1 with a group of 33 LVNs (Year 3, Sem 5) with the Board approval and 22 students in the generic ADN courses at the same time. The school admitted a total of 5 cohorts of 33 LVN students between Fall 2010 to Spring 2013. The number admitted into the generic ADN during the same time was usually less than 10, except for Fall 2012 (19 admitted to ADN 11 LVNs). Data showed that the majority of students admitted into the generic ADN program were admitted into Year 2 (Sem 3), who were LVNs who lacked GEs, and only a few students actually started in the first semester.

The enrollment pattern used by the program was such that students admitted as generic ADN students each semester would start in 1st semester or 3rd semester, depending on their completion of the GE courses, and LVN-ADN into the 5th semester when all GE were completed. The program had a small number of students who completed their 6-semesters at SU. SU’s admission practice did not review the number of students enrolled in their courses that were advancing to the next nursing courses (3rd or 5th semester) when new students were admitted. The enrollment number remained 33 per semester, regardless of the number of enrolled students. Consequently their cohort size became greater than the approved 33 students when the advancing students were added to the newly admitted number of students. This enrollment practice created a larger cohort size and complicated clinical placements, scheduling, and faculty assignments. Data also showed that the LVN admissions included a total of 25 LVNs in the 30-unit Option for the first two year, which is unusually high number for this option, compared to other prelicensure nursing programs, which report 0 to 1 or 2 over a few years.

The progress report submitted addressed the areas of noncompliance and showed changes to the enrollment practice starting in fall 2014 that adheres to the Board approved generic and LVN to ADN admissions per cohort. Additionally, the program made minor curriculum changes, approved on June 30, 2014, making their prelicensure GE courses prerequisites to change the ADN curriculum to four-semesters (2 years), which would help with managing the enrollment numbers.

Scheduling and faculty turn-overs were identified concerns. Spring semester class schedule showed variations in starting and ending dates outside of the published school schedule. Some of the courses held clinical days weeks after the end of the semester. The faculty ensured course hours (theory and clinical) were met, but they were not aware that the class schedules should be consistent with the published schedule. Some students expressed their favor for having staggered schedules stating that schedule helped them with their course load. Students expressed concerns, however, with unexpected class and/or clinical schedule changes with a little notice. They were also concerned with the changes in faculty that occurred from one semester to the next. For example, in OB course, the start date was delayed until a lead faculty for OB was hired. OB and Psych MH courses had part-time faculty as lead faculty for the current semester (Spring). Having adequate full-time
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faculty, stabilizing faculty turnovers, and strengthening faculty teaching skills were areas NECs discussed with
the faculty and SU’s administrator as imperatives for program improvement. The progress report addressed
these areas. The program hired an experienced nurse educator consultant, Sue Albert, RN, MN, MHA,
previous Dean and Director at College of the Canyons AND Program on April 2014, and faculty are working
with her to make changes to course syllabi and having educational training for curriculum, evaluations, and
course developments. Per the report, the program has added two additional full-time faculty, for a total of
seven FT faculty, and is addressing curriculum and teaching concerns NEC had discussed.

The program submitted a progress report in 2012 that addressed the low pass rates when their first NCLEX
annual pass rate for 2011-2012 was 72.75% (40/55). With the initial low pass rate, the program changed the
policy and required students to pass a comprehensive terminal exam and added a mandatory NCLEX review
before advancing to licensure. This corrective measure did not show the desired result as the second annual
pass rate for 2012-2013 was lower at 60.61% (40/66). SU second progress report of corrective actions, which
were based on their data, included raising the admission GPA for the LVN group to 2.8, changing ATI review
system to Kaplan program, implementing passing of a course comprehensive exam for progression and the
terminal comprehensive exam, and completing a Kaplan NCLEX review at the end of the program. These
additional changes were just implemented in Spring 2014.

The current progress report included the previously implemented policy changes strengthening admission
GPA and TEAS scores for selection of candidates and changes of their course repeat policy. Faculty are
working to strengthen their transition course, including the Peds/OB knowledge, for advanced placement
students. As well, the report identifies ways they are improving support services addressing learning issues
and other individual learning needs of students. The program removed the HESI Exam policy that was
creating a delay in students’ taking the NCLEX Exam within the first six months of graduation. Making
notable changes to the NCLEX pass rate takes time after new changes are implemented. Program’s changes
were made in Spring 2014. The 2013-2014 annual first time pass rate result is 47.50% (19 of 43 passed). The
faculty are continuing to work to improve their teaching strategies, course and clinical materials, and
evaluating effectiveness of changes implemented. Two tables below show the NCSBN’s pass rates and the
overall aggregate pass rate of different nursing option groups of graduates at SU from 2011 to 2014.

<table>
<thead>
<tr>
<th>Options</th>
<th>Total # students</th>
<th>Passed</th>
<th>Failed</th>
<th>NCLEX First time pass rate</th>
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</thead>
<tbody>
<tr>
<td>LVN 30 U</td>
<td>24 (16.6%)</td>
<td>10</td>
<td>14</td>
<td>41.67%</td>
</tr>
<tr>
<td>LVN Adv</td>
<td>109 (75.2%)</td>
<td>77</td>
<td>32</td>
<td>70.64%</td>
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<tr>
<td>Generic</td>
<td>12 (8.2%)</td>
<td>5</td>
<td>7</td>
<td>41.67%</td>
</tr>
<tr>
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<td>145 (100%)</td>
<td>92</td>
<td>53</td>
<td>63.45% (Overall rate)</td>
</tr>
</tbody>
</table>

Note: The aggregate table shows a total number of graduates to date for each option. A total of 92.8% (131) of their
graduates consisted of LVN advanced placement option students. Breakdown of this group shows that there are 75.2% (109)
LVN completion group and 16.6% (24) 30 U option group. There were only 8.2% (12) of graduates that completed their
generic ADN program. The majority of the generic students transferred their general studies courses and entered into Semester
3. Comparison of aggregate first time pass rates of different option groups show LVN advanced placement group has 70.64%,
while LVN 30 unit option and the generic ADN groups are at 41.67%.

Students described their learning experiences at SU as positive, they reported having caring and qualified
faculty teaching them, and clinical experiences at agencies and simulation experiences in the lab give
opportunities to practice the theory taught in the classroom. They reported excessive re-using of supplies
during lab as ineffective. Faculty is a cohesive group, and they reported on their efforts to review data and
plan for changes in their weekly Curriculum and Faculty meetings to correct program’s low NCLEX pass
rates of their graduates, but they’re faced with challenges. They have made their curriculum work a priority and are working to make definitive changes. The faculty members are experienced clinicians and have years of clinical experiences but has a limited prelicensure teaching experience s. The majority of the faculty at the meeting were new to SU, and four faculty members were hired within the previous six months. NECs discussed with faculty and administration the need for an expert curriculum consultation for faculty development and strengthening their curriculum for a successful program. SU promptly hired a curriculum consultant in April, who has been working closely with the faculty. The program is working very hard and making substantive progress towards correcting noncompliances identified at the visit. They have addressed and corrected the issue related to number of faculty. However, the related noncompliances with curriculum implementation and graduates’ continued substandard NCLEX pass rates remain. The program needs additional time to demonstrate effectiveness of the changes the program has made and additional changes currently being implemented, such as the curriculum and faculty development.

Mr. Jackson offered the opportunity for the program to comment. Ms. Jeon expressed that the program is experiencing “growing pains.” Ms. Albert reported that measures have been taken to improve faculty performance including review of all course content and objectives, and implementation of resources for faculty development.

**ACTION:**
- Place the program on Warning Status with Intent to Withdraw Approval.
- The program is to notify existing and future students of the status of the school and post the program’s status information on the school’s Website.
- NEC to monitor school’s progress, make a site visit in Spring 2015, and provide progress report to ELC in August 2015.
- The program will ensure that new student admission/enrollment pattern is in accordance with approved cohort size of 33 students.

M/S/C: Michael Jackson/Beverly Hayden-Pugh.

Public input: None.

**7.3.12 University of San Diego Hahn School of Nursing Entry Level Master’s Degree Nursing Program.**

Dr. Susan Bonnell, Program Director, and Dr. Linda Urden, Assistant Program Director represented the program.

Leslie A. Moody, NEC presented this report. Dr. Susan Bonnell has been the program director since September 2012 and Dr. Linda Urden serves as the assistant program director. The USDH entry level master’s degree nursing program, referred to by the school as the MEPN (Master’s Entry Program in Nursing) program, is accredited by the Western Association of Schools and Colleges (WASC) and the Commission on Collegiate Nursing Education (CCNE). School of nursing programs are focused on graduate education of nurses and include MSN (tracks for Clinical Nurse Leader, Executive Nurse Leader and Health Care Informatics) and DNP (MSN-DNP and BSN-DNP) with multiple nurse practitioner tracks, in addition to the entry level master’s degree nursing program. For some of their coursework, MEPN students are integrated with students of other MSN tracks to provide them opportunities for interaction with nursing professionals. The program is presented in 5 consecutive semesters (including summer session) across 21 months. The curriculum includes coursework to prepare graduates for the Public Health Nursing certificate and also the Clinical Nurse Leader role for which students meet eligibility after achieving one year of clinical practice following graduation and licensure. Initially the program admitted 40 students annually and in 2007 increased enrollments to 50 students annually each Fall semester with total enrollment at the time of visit at 110. The program has graduated 379 students
since initial program approval in 2001. NCLEX-RN annual pass rate for the past five years has ranged from 84% (2012-13) to 100% (2009-10) with outcomes consistently above the minimum required threshold of 75% for all years of program delivery. The last previous continuing approval visit was conducted in November 2006 and an interim visit was completed September 2010.

A regularly scheduled continuing approval visit was conducted March 18-20, 2014 by Nursing Education Consultants Leslie A. Moody and Carol Mackay. This visit was conducted concurrently with continuing approval review of the school of nursing’s nurse practitioner program, the results of which are presented in a separate report. Findings of the visit were three areas of noncompliance: Section 1425 Faculty Qualifications and Changes, 1427(a) Clinical Facilities, and 1432 Changes to an Approved Program. The program had not sought approval of some faculty prior to instructional assignment and some previously approved faculty were assigned to teach content for which they were not approved. Not all clinical facilities had received approval prior to being utilized by the program for student clinical rotations. Issues regarding faculty and clinical facility approval were entirely resolved as part of the visit activity. The program increased enrollment for Fall 2013 to 65 students (61 actually accepted and enrolled) without seeking BRN approval. This increased enrollment resulted from a desire to offer admission to all qualified applicants. The school of nursing and university leadership were advised that enrollment increases must receive BRN review and approval prior to implementation, and assurance was provided that future enrollments will not exceed 50 without completion of the required approval process. The areas of noncompliance were due to the program director’s misunderstanding of regulatory requirements so time was spent during the visit to provide direction, with assurances received of no future recurrence of noncompliance. Recommendations were written for three areas: Section 1424(d) Resources relative to open skills lab access for students, Section 1428 Student Participation relative to faculty:student communication, and Section 1426(b) Curriculum relative to geriatric content. Further detail regarding areas of noncompliance and recommendations is provided in the Consultant Approval Report and in the summary Report of Findings. The program submitted a progress report which addressed all areas of noncompliance and recommendation.

The program has decreased attrition to 4% through implementation of a variety of measures including revised admission process and implementation of student support services. Learning activities modeled on contemporary standards include an annual interdisciplinary simulation day conducted in collaboration with the UCSD School of Medicine, consistent with AACN standards for interprofessional collaboration and interprofessional practice preparation of nurses. Although the school of nursing has a large and well equipped skills/simulation lab, their many nursing programs create a large demand for use of the space and resources. Limitations of the existing physical plant noted during previous BRN visits were more evident with the recent increased MEPN enrollment resulting in some instructional activities being scheduled on weekends and the program reported scheduling challenges for skills/simulation lab activities. The school hopes to break ground for the new nursing building addition later this year with planned completion occurring 15-18 months after groundbreaking. The new three-story addition will include over 10,000 square feet of skills/simulation lab space with state-of-the-art design and equipment, and be connected to the existing nursing building which will eliminate the need for nursing students to travel across the campus for skills and simulation lab activities.

Students are appreciative of the broad scope of clinical experiences and well-prepared faculty, and have confidence in their ability to secure nursing positions post-graduation. There are multiple vehicles for student involvement with program evaluation including representative attendance at monthly faculty/curriculum/instruction meetings and course/clinical site/faculty evaluations, and participation in school chapters of professional organizations (Graduate Nursing Student Association, Sigma Theta Tau Honor Society, Institute for Healthcare Improvement) offer professional development opportunities. The school of nursing hosts monthly meetings of the San Diego Chapter of the American Assembly for Men
in Nursing which facilitates participation in the organization by USD male nursing students. An innovative support for culturally diverse students that provides mentoring by faculty or senior students with the same cultural background was recently implemented with support of grant funds. Support services including peer mentors contribute to student success and encouragement is provided through activities such as a “Lab Coating Ceremony” conducted after newly enrolled students complete the rigorous first program course. Students express confusion regarding some program curriculum/instructional decisions and express a desire for more explanatory discussion with faculty. There were also some second semester students who identified that regularly scheduled open skills lab access would be helpful to them. These opportunities for improvement were discussed with the faculty and program leadership.

Faculty present as a cohesive and collaborative team. Both full and part-time faculty are actively engaged in regular program meetings where decisions are reached regarding all aspects of curriculum and program delivery. Course coordination is strong between theory and clinical components with regular meetings of all faculty involved in presentation of each course to discuss issues including general content as well as specific student concerns. Current curriculum projects of the faculty include review of the curriculum to ensure complete incorporation of QSEN competencies and update clinical nurse leader role competencies. Strengths of this effective and successful program include a seasoned faculty and leadership with a focused vision, rich clinical experiences and strong relationships with clinical partners, a mature student group, and an above average track record of licensing outcomes and job placement for graduates. Opportunities for improvement exist in the areas of faculty-student communication, geriatric instruction and open skills lab access for students.

This program is being delivered in compliance with BRN rules and regulations at this time and is recommended for continuing approval.

**ACTION:** Continue Approval of University of San Diego Hahn School of Nursing Entry Level Master’s Degree Nursing Program.

**M/S/C:** Michael Jackson/Beverly Hayden-Pugh.

**Public input:** None.

### 7.4 VOTE ON WHETHER TO CONTINUE APPROVAL OF ADVANCE PRACTICE NURSING PROGRAM

#### 7.4.1 Holy Names University Family Nurse Practitioner Program.

**Dr. Maria Magini, Program Director represented the program.**

Katie Daugherty, NEC presented this report. Maria Magini, FNP, RN, PhD has been the HNU FNP Program Director since Fall 2012 and taught in the HNU FNP program since 2000. The FNP Program was first BRN approved in 1997. As of the visit, the program had 234 MSN degree graduates and 19 Post Master’s FNP certificate program completers. The MSN degree option is a six semesters program of study and the Post Master’s FNP Certificate program of study is a five semesters program. Current program enrollment is 68 students; the program can be taken as a full or part time program of study although the majority of program students are full time. HNU graduate degree program retention rates have consistently been >90% for the last three years. The program is CCNE accredited.

A continuing approval visit was conducted by K. Daugherty, NEC from April 16-18, 2014. No areas on non-compliance were identified. Four areas of recommendations were made including CCR 1484 (b) (2) Administration Policies; CCR 1484 (b) (5) Administration: Record Keeping/Retrieval; CCR 1484 (b) (6) Program Evaluation; and CCR 1484 (d) Curriculum as detailed in the attached Report of Findings and NEC Consultant Approval Reports. The program has provided a response to the areas of recommendations identified during the visit.

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The program enjoys an excellent reputation in the communities it serves. Students and clinical agencies report satisfaction with the educational preparation and performance of program students and graduates. Ms. Daugherty advised that the program intends to limit enrollment to not more than 70 students total enrolled at any one time to ensure adequate clinical placements.

**ACTION:** Continue Approval of Holy Names University Family Nurse Practitioner Program. **M/S/C:** Michael Jackson/Beverly Hayden-Pugh. **Public input:** None.

### 7.4.2 University of San Diego Hahn School of Nursing Nurse Practitioner Program

Dr. Shelley Hawkins, Program Director, and Dr. Linda Urden, Director of Master’s & International Nursing Programs represented the program.

Leslie A. Moody, NEC presented this report. Dr. Shelley Hawkins has been the NP program director since January 2012. The University of San Diego (USD) NP program was established 32 years ago. The first cohort of students was admitted to the BSN DNP program in Fall 2010. Both the MSN NP and DNP degree programs offer four NP tracks focusing on primary care: Family Nurse Practitioner (FNP), Pediatric Nurse Practitioner/Family Nurse Practitioner (PNP/FNP), Adult-Gerontology Nurse Practitioner/Family Nurse Practitioner (AGNP/FNP) and family/lifespan Psychiatric/Mental Health Nurse Practitioner (PMHNP). The coursework for both degree programs is organized according to the same framework: Graduate NP core, Advanced Practice NP core (Health Assessment and Diagnosis, Advanced Pharmacology, and Advanced Pathophysiology), and NP Emphasis (concurrent theory and clinical practice courses in each population focus). The DNP degree program has additional DNP core courses and Scholarly Practice units in each of the NP tracks. All of the NP tracks exceed the required clinical hours. Detail regarding semester unit distribution by degree, NP track, and clinical practice requirements is provided in the Consultant Approval Report.

A regularly scheduled continuing approval visit was conducted March 18-20, 2014 by Nursing Education Consultants Leslie A. Moody and Carol Mackay. This visit was conducted concurrently with a continuing approval review of the School of Nursing (SON) master’s entry level nursing program, the results of which are presented in a separate report. Findings of the NP program visit were one area of non-compliance: Section 1484 (d) (11) Preceptor Qualifications. In the Psychiatric Mental Health NP (PMHNP) track, students reported working with preceptors who do not meet BRN requirements (health care providers such as Clinical Psychologists, Marriage Family Therapists, and Licensed Social Workers). Recommendations were written for two areas: Section 1484 (a) (3) Program Philosophy and Objectives and Section 1484 (c) (5) Communication and Clinical Preceptorship. Further detail regarding recommendations is provided in the Consultant Approval Report and in the summary Report of Findings. In February 2014, a total of 122 students were enrolled in the USD NP programs (please see Consultant Approval Report for enrollment breakdown by degree and NP track). The total number of faculty teaching in the program was 27: thirteen full-time and fourteen part-time faculty. All faculty are competent in their assigned teaching area.

The NP teaching team at USD consists of multiple faculty roles. Each NP track has a lead faculty member nationally certified in the patient population who has responsibility for providing essential input into both the theory and clinical components of their respective tracks. Each theory and clinical management course has a lead faculty member. The lead clinical faculty member oversees all NP clinical management and DNP Scholarly practice courses. Lead clinical faculty responsibilities include assigning Clinical Facilitators to students for clinical supervision (a 1:6 faculty student ratio is maintained). The Clinical Facilitator (CF) is available throughout the preceptor experience to assist the NP student and preceptor as required. Other CF responsibilities include at least one site visit per semester during which a formal Clinical Faculty Observation of the NP student performance is conducted. Ongoing review of the
NP student’s clinical log, and grading of the preceptor experience. In all the clinical managements courses each NP student is assigned to a Preceptor. Preceptors provide direct supervision and evaluation of the NP students in the clinical area. Additional faculty roles for the BSN DNP program are DNP Seminar Faculty and Clinical Mentors. DNP Seminar Faculty meet biweekly with DNP students each semester throughout the program to discuss clinical experiences and the student’s Evidence Based practice (EBP) project. Clinical Mentors work with DNP students in the identification, implementation, and evaluation of their EBP project in the clinical setting. An additional component of the USD NP teaching team is the Problem Based Learning (PBL) Nurse Practitioner Team which will be described in the next paragraph.

In addition to this strong teaching team, the USD SON is one of the first nursing schools in the country to successfully launch, sustain, and refine a primary care standardized patient (SP) program. As a result of a three year DHHS grant awarded in 2001, the faculty were able to integrate Problem Based Learning (PBL) into the NP curriculum and develop primary care Standardized Patient Exams (SPE) to evaluate student learning in a state-of-the-art nursing skills lab. During the last five years, an increasing amount of standardized patient teaching/learning has been incorporated into the NP program. The PBL NP team consists of four NP clinical faculty. This team is responsible for developing and integrating clinical case (CC) studies using standardized patients into all theory courses in all population tracks (three formative CC and one summative CC). The final Standardized Patient Evaluation in each theory course serves as part of the clinical evaluation in the concurrent clinical course.

The USD NP program is highly respected by campus administration, the local health care community, and the NP students. The program director and all faculty members are dedicated professionals with expertise in their assigned teaching areas. The NP students are mature RNs seeking advanced nursing education. Subsequent to the visit, a progress report correcting the area of non-compliance was submitted. The NP program faculty are continuing to work on the recommendations from the visit. At this time, the NP program is in compliance with BRN rules and regulations and the recommendation is for continuing approval.

Dr. Hawkins pointed out the irony of difficulty finding psych/mental health nurse practitioners to precept program students as there are few practicing in the region which is why the school was originally asked by the community to include this track in their NP program.

**ACTION**: Continue Approval of University of San Diego Hahn School of Nursing Nurse Practitioner Program.

**M/S/C**: Michael Jackson/Beverly Hayden-Pugh.

**Public input**: None.

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**7.5 VOTE ON WHETHER TO APPROVE MAJOR CURRICULUM REVISION**

**7.5.1 California State University, Bakersfield Nurse Practitioner Program.**

Ms. Deborah Boschini, Director of Undergraduate/Graduate Nursing Programs/Chair of Department of Nursing represented the program.

Miyo Minato, SNEC presented this report. Deborah Boschini, MSN, PHN, RN, is Director of Undergraduate and Graduate Nursing Programs and Chair of Department of Nursing. CSUB Department of Nursing (DON) has a generic BSN program since 1970 and added the MSN program in 1987 with a graduate degree in Nursing Administration. The initial FNP option was added in 1996 and offered this option and other MSN degrees until 2010, graduating 114 FNPs and 35 Clinical Nurse Leaders, Clinical Nurse Specialists, Nurse Educators, Nurse Administrators, Nursing Case Managers, and School Nurses. The department notified the Board in July 2011 that MSN admissions had been suspended, including FNP option, due to lack of funding. The last MSN courses were offered during Spring Quarter 2010 and all
continuing students successfully completed their coursework and graduated as planned. CSUB voluntarily withdrew its CCNE accreditation of the MSN Program on December 1, 2010. In March 2014, CSUB DON notified the Board of its intention to reestablish the MSN Program by first opening the FNP Program in Fall 2014, and follow with the re-introduction of a second, non-clinically focused option, such as Nurse Educator in Fall 2017. Per Board policy the DON submitted a major curriculum revision, including documents that demonstrate adequate resources, faculty, budgets and funding sources, and clinical agencies for practicum to sustain the FNP program upon receiving the approval to reopen FNP Option of the MSN Program. CSUB is applying to CCNE to obtain accreditation for the MSN program.

The documents showed that in preparation for re-opening, the DON conducted a survey of stakeholders in the community, which indicated a need for more FNPs and overwhelming community interest. The faculty have updated the existing FNP curriculum to meet current BRN and CCNE requirements. The DON proposes admitting 18 students every other year, which is the same admission pattern as their previous FNP program. Keeping enrollment size the same would ensure adequate clinical placements and preceptors for the students. The physical resources on campus, such as the learning labs and equipment have been updated, and Shelley Ward, NEC conducted a site visit for campus resources on April 2, 2014. The instructional faculty of the DON consists of 89% full-time and only 11% part-time members. This allocation of faculty was purposefully planned to establish a dedicated full-time faculty in preparation for the reopening of the MSN/FNP Program. Heidi He is the co-director and coordinator of the FNP option and will work with the Chair of DON. The FNP Program will be staffed mostly with existing full-time faculty members who are already qualified to provide instruction at the graduate level. The list of faculty included six FNP faculty. Part-time faculty will be hired to fill specific roles in the program, such as PharmD for Advanced Pharmacology. The proposed MSN/FNP program is a 2-year, full-time course of study, requiring 67 quarter units (46 theory and 21 clinicals). Intended start date is Fall 2014.

Mr. Jackson asked whether all funding and resources are in place for program delivery. Ms. Boschini confirmed that all was in place and Ms. Minato confirmed that Shelley Ward, NEC had visited the school and confirmed all required resources.

ACTION: Approve Major Curriculum Revision for California State University, Bakersfield Nurse Practitioner Program.

M/S/C: Michael Jackson/Beverly Hayden-Pugh.

Public input: None.

7.6 VOTE ON WHETHER TO GRANT INITIAL APPROVAL OF PRELICENSURE NURSING PROGRAM

7.6.1 Weimar Institute (previously known as Weimar College) Associate Degree Nursing Program

Ms. Shirley Wilson Anderson, Program Director, Dr. Randy Siebold, President, and Mr. Randy Gibbons, COO represented the program.

Kay Weinkam, NEC presented this report. Shirley Wilson Anderson, RN, M.S.N., Ed.D. is the Program Director. This NEC conducted a site visit from July 7-10, 2014. The program was found to be in compliance with Board rules and regulations. Weimar Institute is located in Weimar, which is approximately 30 miles northeast of Sacramento in Placer County. The campus is easily reached from the exit from I-80. Weimar Institute is a private, non-profit, faith based institution and entity of the Weimar Center of Health and Education, which is affiliated with the Seventh-day Adventist Church. The professionals who developed the Center were able to purchase an abandoned tuberculosis center in Weimar in the late 1970’s. They began educating students for a life of Christian service in 1978. Three-hundred sixty-two students have received baccalaureate or associate degrees as of May 2014. Weimar Institute graduated seven students in June 2014: one in health sciences;
one in natural science; two in pre-med, and three in theology. Weimar Institute expects to enroll fifty students in fall 2014, including pre-nursing students.

Weimar Institute has received approval from the Bureau for Private Postsecondary Education to award the following degrees: Associate of Science degrees in Health Sciences and General Studies; Bachelor of Arts degrees in English Language, Liberal Studies, and in Pastoral Ministry; Bachelor of Science degree in Health; a certificate program in Massage and Hydrotherapy; and a certificate program HEALTH (Health Evangelism and Leadership Training for Him). Weimar Institute informs the public that it does not hold regional accreditation. Credits earned at Weimar Institute will, in most cases, be transferable to other Seventh-day Adventist colleges and universities.

After the acceptance of its feasibility study, Weimar College changed its name to Weimar Institute. The Bureau for Private Postsecondary Education approved the name change effective June 13, 2014. Weimar Institute now requests that the Board, if it grants initial approval, does so for the Weimar Institute Associate Degree Nursing Program.

Weimar Institute is pursuing accreditation from the WASC Senior College and University Commission. The first phase is Eligibility. Without accreditation by any U.S. Department-approved accrediting body, education institutions do not meet the eligibility requirements so that students can receive federal or state loans or financial aid. Prospective students are informed of the accreditation status and what this can mean for transferring to other, non-Seventh-day Adventist institutions. Weimar Institute currently offers a Pre-Nursing Program which consists of the behavioral and natural science, communication, math, and nutrition courses and religion courses to prepare the student for transfer to other Seventh-day Adventist institutes and universities. If granted initial approval, Weimar Institute plans to enroll up to 20 students in January 2015. It will then integrate these students into the cohort for fall 2015 for a total enrollment of 20 students, and admit 20 students every fall thereafter. The first class would graduate in May 2017.

The Board accepted the Feasibility Study for the Weimar College Associate Degree Nursing Program at its June 15, 2011, meeting. Contributing to the delay in seeking Initial Approval was that the person who was initially approved as the director resigned and it took the program time to find a person whose qualifications met the regulation’s requirements for appointment as Director.

Dr. Shirley Wilson was hired in June 2012 as the director of the ADN program. The title of that position was recently changed from Director to Chair. She has worked with the Weimar Institute Pre-Nursing Program’s Director, Melanie Quion, M.S., RN, in developing the Self-Study, curriculum, and other aspects of the proposed registered nursing program. The plan provides a timeframe for hiring faculty and increasing their numbers as the program evolves. The program projects a need for 4 full-time faculty and 5 part-time faculty for the first year of the program. Eighty percent of the Assistant Chair’s full time position will be devoted to teaching responsibilities.

The proposed curriculum will support Weimar Institute’s intent that the Nursing Program will exist “to support the college’s Seventh-day Adventist mission of service to those in need and alleviation of suffering through health promotion and assisting others to achieve physical, mental and spiritual optimal wellness.” The philosophy for the Weimar Institute Nursing Department is based on three main constructs which are: The demonstration of the compassionate ministry of Jesus Christ toward all persons; Health promotion for the whole person (body, mind, and spirit); and Evidence-based nursing process approach (Assessment, Analysis, Planning, Implementation, and Evaluation). The concepts of Person (Humanity), Environment, Health-illness Continuum, Nursing Education, Student Individuality, and Support Systems are extensions of the three main constructs.

The curriculum extends over two years, four sixteen-week semesters, once the student has completed the pre-requisite science, religion, and liberal arts courses. The total curriculum is 80.5-86.5 semester units. Nursing units are 47.5 (29 theory, 18.5 clinical); communication courses are 6 units; sciences 21-27 units; and other degree requirements are 6 units. The curriculum includes consideration for advanced placement
of the LVN student and students with other previously completed health-care related coursework and provides the LVN 30-unit option.

Echo Hall has been remodeled to house the Nursing Department, the science laboratories that support the science courses, and contains an open area that will be used as a study area. In addition to the classrooms provided in this building, classrooms in the main college building will also be available as needed. The main building also contains a designated area available to students for quiet study. The nursing classrooms will be wired for LCD projector capability for use of audio/visual media. Echo Hall contains a six-bed skills lab with planned acquisition of the standard mannequins as well as adult, pediatric, obstetric, and infant simulation mannequins; a computer lab with ten stations; and the Nursing Department Chair and faculty offices. One of the full-time faculty members will be responsible for the skills/simulation lab. Materials and equipment will be purchased as the program develops and as recommended by the course faculty.

Computers will be purchased with ten stations already available in the computer lab. Twenty laptop computers will be available. Additional ones will be purchased with the admission of the fall 2016 cohort, and computers will be updated every three years. The campus is already equipped with a wireless network. The library is located in a separate building. Texts have been purchased for the library that are the foundation for a collection related to the regulation-required and other clinical specialty areas. The following databases will be available to the program: CINAHL Plus, Pro-Quest Nursing digital subscription, Health Source, Medline and Alt HealthWatch and OVID Journals.

The Program will have one full-time administrative staff person dedicated to the Nursing Department. A campus Student Success Coordinator is available, and student tutors are available through the college. There is a medical clinic on campus to provide health care services. Confidential, no fee pastoral services are available to the students. There is a cafeteria onsite.

In addition to the clinical facilities originally identified in the feasibility study, Weimar Institute sought out and acquired additional clinical placements at Glendale Adventist Medical Center, Loma Linda University Children’s Hospital, Pediatric Services of America, and Sierra Nevada Memorial Hospital. Sierra Nevada Memorial Hospital is located about 20 miles from Weimar, and does not have placements of students from any other prelicensure programs. Included in this packet is a chart identifying clinical placement for all four semesters and a key that provides information about the distance of these sites from the Weimar Institute campus. This NEC made site visits to the Pediatric Services of America office in Sacramento, Ukiah Valley Medical Center, St. Helena Hospital, Feather River Hospital in the town of Paradise, Sierra Nevada Memorial Hospital, Sonora Regional Medical Center, Placer County Action Council-Head Start, and Westview Healthcare Center. The facility representatives confirmed that the addition of clinical groups for this program would not displace students from other prelicensure programs, and that the students would be able to provide direct patient care. All of the necessary contracts have been signed. Those facilities within the Adventist Healthcare group may be able to provide housing for those placements that will require overnight stays due to the distance from campus. Weimar Institute has committed to providing the transportation, housing, and meal arrangements for students for these sites at no additional expense to them.

The Program notes: “Some clinical sites will be geographically located a distance from the main campus. This will require intensive clinical sessions immediately following the theory classes during the same semester. Safe and adequate lodging will be arranged in close proximity to the clinical sites, where students will complete eight-twelve hours of clinical shifts per a twenty-four hour period.”

Although the budget presented does show the program’s financial resources cover its expenses, the budgets for the first and third year are based on a 100% student retention rate. The program was cautioned about basing the budget on 100% retention. The expenses incurred for faculty and students traveling to the distant clinical placements are not reflected in the budget.
Weimar Institute has identified ten students who have already completed the Pre-Nursing Program and who could start the program in spring 2015.

Recommendations: Grant initial approval to the Weimar Institute Associate Degree Nursing Program. Require that an NEC conduct a visit prior to admission of the first student cohort. An NEC is to conduct interim visits in spring 2016 and 2017 to evaluate implementation of the program.

Mr. Jackson asked questions to clarify information regarding program plans. Program representatives offered the following in response: it is up to a receiving college to determine acceptance of transfer units but Weimar Institute is applying for regional accreditation which should increase potential for their school’s units being accepted by other colleges; current tuition cost for the RN program is estimated at $24,000/yr with total cost for the two-year program $48,000; the program must be approved by the BRN before the college can solicit donations for nursing student scholarships. Ms. Weinkam presented a plot of clinical facilities with notations of distance of each from the institute’s campus. Mr. Jackson expressed concern regarding safety and cost to students required to travel those distances. Ms. Weinkam reported that the Institute plans to absorb the cost of housing, meals and travel for students’ clinical rotations scheduled at distant facilities, and Mr. Gibbons added that the clinical days will be grouped so that students’ travel will be minimized. Program Director reported that an clinical facility agreement for student placements at Auburn Hospital had been received. Ms. Weinkam informed that the program is prepared to admit the first cohort to nursing courses in Fall 2015.

ACTION: Grant Initial Approval to the Weimar Institute Associate Degree Nursing Program for enrollment of 20 students per year beginning Fall 2015. NEC will conduct a visit prior to admission of the first student cohort.

M/S/C: Michael Jackson/Beverly Hayden-Pugh.

Public input: None.

7.7 VOTE ON WHETHER TO CHANGE WARNING STATUS WITH INTENT TO WITHDRAW APPROVAL TO DEFER ACTION TO CONTINUE APPROVAL

7.6.1 East Los Angeles College Associate Degree Nursing Program.

Ms. Lurelean Gaines, RN, MSN, Program Director/Chairperson and Mr. Laureano Flores, Dean represented the program.

Shelley Ward, NEC presented this report. The program is being presented subsequent to the Board’s decision to Place the Program on Warning Status With Intent To Withdraw Approval at the February 6, 2014 Board of Registered Nursing meeting. Additionally, the Board required the program to be presented at the August, 2014 Education and Licensing Committee Meeting, and at the September 2014 Board meeting for review, at which time full compliance must be demonstrated. This is in response to findings at the October 7-8, 2013 scheduled continuing approval program visit. The program received a letter dated February 11, 2014, reiterating the visit findings of the (5) areas of non-compliance, and the (4) actions that the program had to take as voted on by the Board.

A brief summary of prior BRN visits to the East Los Angeles A.D.N. program include: a non-routinely scheduled continuing approval visit conducted in March 2012, to more intensively review the program related to NCLEX examination pass rate outcomes, and to follow-up on resolution of student concerns regarding a faculty member. Consultants conducted a non-routinely scheduled interim visit in December 2011, given that the NCLEX examination pass rates were below 75% for two consecutive years, and student concerns about a specific faculty member. A scheduled interim visit was conducted in May 2010. Ms. Gaines has been the program director for the BRN visits, and for many proceeding years. The college has had changes in the Dean who has oversight of the nursing program, and the President during this time frame.
The program submitted the progress reports required to address the areas of non-compliance per the time frames stipulated by the Board in February 2014. The program also responded to the (1) recommendation issued during the October 2013 visit. The progress reports submitted to the program NEC in February (2/11/14), April (4/14/14) and July (7/7) 2014 demonstrate a progression of actions taken to resolve the areas of non-compliance and the recommendation. This report will continue by describing a summary of the actions taken, and status to date for each regulation section. The progress report submitted and dated July 7, 2014 (45 pages) is the basis for the summary.

Non-Compliance (s): (5):

CCR SECTION 1424(b)(1)- Administration/Organization – Program Evaluation - The program lacks evidence of implementation of the systematic plan for total program evaluation.

The progress report affirms that faculty have reviewed and reaffirmed the systematic plan for program evaluation that they intend to use (attached). The report specifies how they plan to measure attrition rates. Policies and procedures for admission, selection and progression serve as the basis for evaluation. Copies of faculty meeting minutes were provided demonstrating faculty communication and actions related to aspects of program evaluation from October 2013- May 2014. The faculty meeting minutes demonstrate a focus on the areas of non-compliance as well as other general nursing department issues. The plan would benefit from some areas of refinement; however the actions taken by faculty over the past months demonstrate that they are implementing the program evaluation plan. The program is in-compliance with this requirement.

CCR SECTION 1424(d) - Administration/Organization – Sufficient Resources - The nursing building that provides classroom and skills/simulation lab space lacks sufficient supplies, and requires physical plant repairs and maintenance.

The program provided written updates beginning in October 2013 describing actions that were initiated to address the adequacy of clinical supplies and the physical condition of the G-9 Nursing Building which houses classrooms, skills/simulation labs and faculty office space. The progress report indicates that the program has been supplied with a budget for supplies for the academic year 2014-2015 ($4000), and that the Nursing Laboratory Lab Coordinator has a defined schedule and process for inventory and ordering of supplies. The faculty also decided to implement a prior consideration from student input to have students purchase an ELAC customized “Pocket Nurse”, so that they would have access to their own personal supplies for optional supplemental practice ($ 40.05) when away from campus. The use of student purchased clinical supply kits is in practice at many programs. The progress report makes a declarative statement that the program will continue to provide supplies needed for practice and testing. Grant funds are also available to augment supply resource needs.

In the progress report dated 4-11-14 the program reported that all repairs were completed. The program Dean has been instrumental in this process, and highly involved in inspecting the building on a regular basis. The college has a new facilities manager who also facilitated improvements. An ongoing custodial maintenance schedule was developed and implemented. A process for reporting temperature regulation issues was established. The program surveyed student satisfaction with temperature regulation in which the majority agree or strongly agreed to be satisfied with the building temperature (attached). The assigned NEC toured the building on 6/21/14, with the program Dean and a facilities representative. All prior required physical plant concerns have been addressed. In addition, the program painted, updated carpet, provided for all new student desks, refurbished faculty classroom desks/ whiteboards, and student/faculty lounge furnishings (see attachment). Nursing program faculty that were teaching and available were also interviewed about their satisfaction with the building updates and supply adequacy. Faculty report that adequate clinical supplies are available for instruction. One faculty member who is also one of the assistant program directors has relocated her office back to the G-9 building based on the
improvements made. The program intends to survey students/faculty in the next academic year to ensure that clinical practice supplies remain adequate. The program demonstrates compliance in this area.

CCR SECTION 1424(h) - Administration/Organization – Faculty Adequacy - The program lacks a sufficient number of qualified full-time faculty to achieve program objectives.

The program has previously indicated that a minimum of (9) full-time faculty excluding the program director position, would permit for implementing the program for the customary enrollment patterns of (60) students in fall and spring semesters. The need for faculty was most evident in the medical-surgical and psychiatric nursing areas. The Board required the program to decrease new enrollments to (48) per semester, related to faculty resource issues. The progress report reflects new enrollments in fall 2014 to be (48) or less students, and total enrollment to be 213 students.

The program reports that interviews to hire two new full-time tenure track faculty positions occurred on June, 30th, 2014. Four potential candidates (current adjunct faculty), for the two medical-surgical faculty positions are scheduled to meet with the V.P. of Workforce Education and the college President to finalize the selection process, anticipated by the end of July. Recruitment efforts to fill a budgeted position for a long-term substitute faculty (full benefits) for the mental health/psychiatric nursing area have not been successful. The program director states that they are positioned to implement the program that begins September 2, 2014, with existing program resources and budget allocations should there be a change in the intended hiring process.

Six full-time and (18) BRN qualified part-time faculty comprise the current faculty list at this time. This excludes the program director position which is designated as a 100% administrative position by the college. The program provided the faculty assignment plan (as of 7/7/14) for Fall 2014, reflective of the intended assignments subsequent to the completion of the hiring process. (attached). The program director intends to teach the theory component of the Mental Health/Psych (N268) course.

Pending assignments include:

- Theory- Med./Surg II (N267) - To be determined (TBD) new hire assigned
- Clinical - Med./Surg II (N267) One section of clinical assigned to new hire (TBD)
- Clinical - M/S II (N267) – I.- Oparah is perusing geriatric remediation.
- Theory - Role Transition II (N274) is assigned to new hire (TBD)

The program intends to provide an updated faculty assignment plan by 8/4/14. A determination of compliance with this regulation cannot be rendered at this time.

CCR SECTION 1426(b) – Required Curriculum- The current curriculum does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse.

The progress report indicates the program will submit a revised curriculum at the end of July. The program director described that the revised curriculum is intended to be implemented in January 2015, subsequent to Board approval in Fall 2014, with newly enrolled students. The existing curriculum is planned to remain in place for currently enrolled students until they complete the program. Faculty minutes convey that the program has been working with a consultant in the revision process, which was suggested by NECs at the time of the October 2013 approval visit. The program reports that the revised curriculum will encompass NCLEX categories and subcategories, IOM recommendations and QSEN competencies. The curriculum framework and major concepts are described as having been revised. Faculty meeting minutes also describe revisions to the existing clinical evaluation tool and medication evaluation tool. The program is currently in the process of addressing the area of non-compliance and requires additional time to demonstrate full compliance, through submission of a curriculum revision by 8/4/14, with subsequent Board approval.

CCR SECTION 1431 – Licensing Examination Pass Rate Standard - The NCLEX examination pass rate for first-time test takers is below 75%. 2013-2014 - 50% (July-March) – 70 taken/35 passed
2012-2013 – 62.28%; 2011-2012 – 82.26%; 2010-2011 – 69.05%; 2009-2010 – 61.67%; 2008-2009 – 74.77%; 2007-2008 – 64.44%; 2006-2007 – 75.68%. The program retained an external consultant to provide a comprehensive review to assist students completing the program in June 2014 to take the NCLEX examination. It was funded by the program. Student evaluation indicated that they benefited from the comprehensive review. The faculty have identified a variety of short term and long strategies, such as the curriculum revision, to improve examination score outcomes focused on both faculty and student initiatives (see attachment). The program is in non-compliance year to date for academic year 2013-2014, and for the prior academic year.

Recommendation (1):
CCR SECTION 1425.1(b) – Faculty Orientation - Formalize the faculty orientation process specific to the nursing program
The program developed a well-structured orientation manual with a detailed orientation completion checklist for new full-time or adjunct faculty.

Ms. Ward provided an update advising that the program’s annual NCLEX-RN pass rate for 2013-14 year is 49%. Ms. Ward additionally informed the committee that the program has very recently submitted a major curriculum revision as part of corrective actions, and this revision will be brought to ELC in October. Ms. Gaines updated that some adjunct faculty had now been hired to full-time positions. She also expressed concern about December 2013 and June 2014 program graduates who had not yet achieved clearance to take the NCLEX-RN examination.

ACTION: The Education/Licensing Committee met as a Sub-Committee (due to lack of Committee quorum) on August 7, 2014 and makes the following recommendations:
- Change program approval status to Defer Action to Continue Approval.
- Program to submit quarterly progress reports to NEC, continue to recruit full-time faculty to fill the psych/mental health position, continue to limit program admission/enrollment to 48 students admitted twice annually.
- Program will return to Education/Licensing Committee for progress report in August 2015.

M/S/C: Michael Jackson/Beverly Hayden-Pugh.
Public input: None.

7.8 2013-14 ELC GOALS & OBJECTIVES ACHIEVEMENT REPORT
Leslie A. Moody, NEC presented this report. The Education/Licensing Committee annually reviews and reports the achievements of the previous fiscal year relative to the ELC goals and objectives. The agenda packet included a printed report that identified ELC achievements for the period of July 1, 2013 – June 30, 2014 relative to the ELC Goals and Objectives 2013-2015 which were Board approved on 02/06/2013.

The report was accepted and will be forwarded to the next full Board agenda as an informational item.
Public input: None.

7.9 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA
There were no public comments.
7.10 ADJOURNMENT
Meeting adjourned at 12:50.

Submitted by: Leslie A. Moody, MSN, MAEd, RN
Nursing Education Consultant/ELC Liaison

Accepted by: Michael Jackson, MSN, RN
Chairperson